•									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									89/967/17						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR		R THAN ENTITY		
TOTAL CLAIMS								RATE FEE		FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•		1	X\$ 9=			OR	X\$18=	·		
INDEPENDENT CLAIMS				inus 3 =	•			X43=			OR	X86=			
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+145=			OR	+290=				
• 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL			OR	TOTAL			
AUD CLAIMS AS AMENDED - PART II									. L		Uh	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	SMALL	****		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 24	Minus	- 28		-	I	X\$ 9=			OR	X\$18=			
	Independent	· 6	Minus	*** 8		-		X43=	1		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						T	+145=	†	-	OR	+290=	,		
1.05								TOTA			_ F	TOTAL			
6 - 6 - 0 5 (Column 1) (Column 2) (Column 3)								DDIT. FE	E L		JO. 1 A	VODIT. FEE			
_		CLAIMS		HIGHE	ST		Г		T	ADDI-	Γ		ADDI-		
AMENOMENT 8		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	ין	TONAL FEE		RATE	TIONAL FEE		
	Total	· 26	Minus	 2	8	= O		X\$ 9=	T	0	OR	X\$18=			
	Independent	* 6 NTATION OF MU	Minus	***	8			X43=	Ţ	0	OR	X86=			
	FIRST PRESE	NIAHON OF MO	LIFLE DEF	ENDENT	CLAIM			+145=		6	OR	+290=			
										0	OR A	TOTAL DDIT. FEE	•		
(Column 1) (Column 2) (Column 3)													. [
Z		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE_		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••	•	= .		X\$ 9=	T		OR	X\$18=			
	Independent	•	Minus	444		8	⊢	X43=	t			X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	╁		OR				
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR A	TOTAL DDIT. FEE			
		ber Previously Paid					found	in the a	ppro	priale box	in colu	mn 1.			